
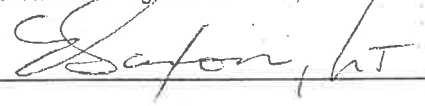


STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Dunsmuir Grade Inspection Facility	Division: Northern	Number: 147
Evaluated by: Lieutenant T. Garr		Date: 05/14/09
Assisted by: Sergeant L. Powell		Date: 05/14/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection			
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 8-12-09
For applicable policies, refer to HPM 11.1, Chapter 6.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: The Dunsmuir Grade I. F. has not entered into any reimbursable contracts within the time period inspected.
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: The Dunsmuir Grade I. F. has not received any written requests for specific reimbursable services within the time period inspected.
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
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Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Dunsmuir Grade I. F. Area has not entered into any reimbursable services contracts during the time period inspected.
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A CHP 466 is maintained in the Area's suspense files.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Dunsmuir Grade I.F. provides no departmental training to external agencies which would require a contractual agreement.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Dunsmuir Grade I. F. has not provided contractual protective services.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The monthly overtime reports have not contained any reimbursable special project overtime within the time period inspected.

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43. Are all corrections noted on the overtime report(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: See above
45. Is the original overtime report(s) forwarded to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: See above The overtime report is sent to Division as soon as the Area's monthly report is received via Comm-Net.
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Coordinated by Northern Division
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Dunsmuir Grade I. F. Area has not had any reimbursable non-uniformed personnel hours within the past calendar year.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No amendments of reimbursable services have been requested.
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

STATE OF CALIFORNIA
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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Dunsmuir Grade	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr		Date: 05/14/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 2 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____	_____		
Chapter Inspection: CHAPTER 8, Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Dunsmuir Grade Inspection Facility has not entered into any reimbursable services contracts within the time period covered by this inspection. The Office Services Supervisor (OSS) demonstrated a thorough knowledge with regard to departmental policy and procedure governing tracking and reporting reimbursable contracts overtime hours. The OSS maintains a CHP 466 in her suspense file, which she checks on a monthly basis and closes out at year-end.

The Inspection Facility's monthly overtime reports are reviewed and justified by the OSS and are sent to the Commander for review and approval. Reporting for all overtime has been completed within the required time frames.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Dunsmuir Grade	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr		Date: 05/14/09

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8/12/09
	INSPECTOR'S SIGNATURE 	DATE 8/12/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL


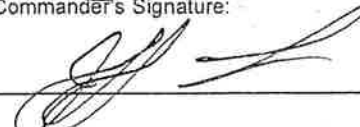
INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Dunsmuir Grade Inspection Facility	Division: Northern	Number: 8
Evaluated by: Lt. Todd Garr		Date: 05/14/2009
Assisted by: Sgt. George Steffenson		Date: 05/14/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:	
<input checked="" type="checkbox"/> Division Level	<input type="checkbox"/> Command Level		
<input type="checkbox"/> Office of Inspections	<input type="checkbox"/> Voluntary Self-Inspection		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature:	Date:
For applicable policies, refer to HPM 11.1, Chapter 20.			8-12-09
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			
2. What are these procedures?			
Upon a qualifying incident, field officers collect CHP 415s, <i>Daily Field Record</i> , pertaining to the activities of involved personnel and complete a CHP 735 for review by the shift sergeant. The CHP 735 package is then forwarded to the clerical staff where additional review is performed and/or placed in Area suspense awaiting conviction/toxicology results. The Area Commander has the final level of review at which time the CHP 735 is signed and forwarded to FMS.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks: The Office Services Supervisor has been assigned this task.			
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			

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COMMAND DUI COST RECOVERY

1. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
2. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> A Blood Alcohol Content (BAC) under .08% A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> The date of BAC results of $\geq .08\%$ were received The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
4. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of $< .08\%$ was obtained 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
5. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
6. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
7. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
8. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.

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1. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
2. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
3. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
4. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is a copy of the CHP 735 being retained at the command and filed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: A file system is in place.
6. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? N/A				
8. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

9. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
10. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
11. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
12. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.
Question 25 pertains to Fiscal Management Section.				
13. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No CHP 735s filed.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Dunsmuir Grade Inspection Facility	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr, #13312		Date: 05/14/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to," enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 2 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____	_____		
Chapter Inspection: CHAPTER 8, Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Dunsmuir Grade utilizes a suspense system which checks the status of all CHP 735, Incident Response Reimbursement Statement forms. This suspense system utilizes a master type document that has a summary of departmental policies and procedures that should be followed regarding the filing of CHP 735s. Additionally, this form also has a monthly check system that is initialed and dated by the employee reviewing the Area's CHP 735s each month. In commands such as Inspection Facilities where the frequency of CHP 735s is low, this type of suspense system is helpful to guide employees through the process.

Command Suggestions for Statewide Improvement:

Inspector's Findings:

There were no CHP 735s to inspect.

Note: A random sampling of CHP 202, *Driving Under the Influence Arrest-Investigation* reports was conducted. The investigation reports were reviewed and none were found warranting a CHP 735.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action



Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8/12/09
	INSPECTOR'S SIGNATURE 	DATE 8/12/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Redding	Division: Northern	Number: 135
Evaluated by: V. Zambrana, Sgt., #12435		Date: 5/28/2009
Assisted by: M. Mezzano, Sgt., #10584		Date: 5/28/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION		Lead Inspector's Signature:		
<input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection				
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____		Commander's Signature: 
		Date: 6/11/09.		
For applicable policies, refer to HPM 11.1, Chapter 6.				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Largest = \$36,400
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in File

STATE OF CALIFORNIA
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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Check Not Delivered
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Check Not Delivered
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not Obtained

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in File
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Requests in File

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Training Agreements
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area Did Not Know This Was Required. Will Do In Future.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No PSD Requests
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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INSPECTION PROGRAM

CHAPTER 8


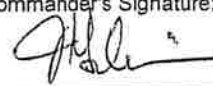
COMMAND REIMBURSABLE SERVICES

47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Verified at Division
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in File
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in File

STATE OF CALIFORNIA
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INSPECTION PROGRAM
CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Redding	Division: Northern	Number: 135
Evaluated by: Sgt. Mezzano		Date: 05/28/2009
Assisted by: Lt. Micheletti		Date: 05/28/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 6/11/09.
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? CHP 202/555 reports are submitted together to the collision investigation review officer. Upon completion the entire report is forwarded to a Sgt. for review of the CHP 202 and all applicable paperwork. Upon approval by the Sgt. the entire package is forwarded to the court officer for processing. The court officer prepares the CHP 735 and forwards same to Area Commander for signature. Area court officer forwards completed CHP 735's to FMS. The court officer also maintains an Excel spread sheet to track all CHP 735's. During a self audit conducted by the Area court officer a number of procedural errors were discovered. Area implemented corrective actions and is now processing CHP 735's as required. During this audit the CHP 735A was discussed with the Area court officer and the Field Operations Lieutenant. Area agreed that using the CHP 735A with information that was automatically populated when entering case information into AIS was a more efficient method. Area has elected to change their SOP and is now using the CHP 735A for tracking CHP 735A's.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: • A Blood Alcohol Content (BAC) under .08%	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

<ul style="list-style-type: none"> A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 				
<p>7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?</p> <ul style="list-style-type: none"> The date of BAC results of $\geq .08\%$ were received The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area was using a line entry in the activity section to record this information. They have change area policy and now use the notes section in accordance with policy.
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has made the necessary changes to address this issue.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> Response Time On-Scene Investigation Follow-up Investigation Report Writing Vehicle Storage Call Back 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

<ul style="list-style-type: none"> • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 				
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? The Area was using a locally developed Excel spread sheet to track data. As a result of this audit they have changed policy and are now using the CHP 735A.				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information - Violation Information • Court Information - FMS Information - BAC test 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area continues to try and collect information in an effort to obtain reimbursement.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Headquarters function.
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Headquarters function.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Redding	Division: Northern	Chapter: 135
Inspected by: Lt. Joe Micheletti		Date: 05/28/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: Five hours expended.	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 8 - DUI Cost Recovery and Reimbursable Services Contracts			
Inspector's Comments Regarding Innovative Practices:			

I met with the Redding Area Commander and Lieutenant regarding this inspection and they expressed genuine interest in the programs and any input we might have to make them better. Captain Godnick also assisted me in locating the necessary documents to be inspected.

Command Suggestions for Statewide Improvement:
--

None.

Inspector's Findings:

Redding Area is currently following all policies and procedures outlined in HPM 11.1, chapter 6 and 20. Also as a result of this inspection, Area will be sending a copy of the Reimbursable Services Control Log to Division each month.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Redding	Division: Northern	Chapter: 135
Inspected by: Lt. Joe Micheletti		Date: 05/28/2009

Required Action

Corrective Action Plan/Timeline

None.


<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 6/11/09.
	INSPECTOR'S SIGNATURE 	DATE 6/11/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Command: Susanville	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr, #13312		Date: 05/06/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level	Total hours expended on the inspection: <u>4</u> hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date: _____	
Chapter Inspection: CHAPTER 8 Command Reimbursable Services and DUI Cost Recovery		
Inspector's Comments Regarding Innovative Practices:		

Susanville Area's suspense system for monitoring the driving under the influence (DUI) cost recovery process operates smoothly and is efficient. Susanville continually monitors its California Highway Patrol (CHP) 735A, *Case Log-DUI Recovery Program log*, to ensure that all data is entered as applicable. Susanville Area utilizes its suspense process to ensure that court case numbers and conviction dates are entered into appropriate fields on the CHP 735.

One notable process during the inspection was the filing of a copy of the investigation report with each CHP 735. The package is then placed into an investigative file folder which contains an area on the front cover to make notations with a corresponding date. The Area uses this space to list contacts with the court, FMS and other applicable information related to the CHP 735 processing. This process enhanced the efficiency of the audit as well as inquiries from FMS, and Area suspense follow-up. Additionally, the file tab is highlighted in a conspicuous manner so as to be immediately recognizable as a DUI cost recovery arrest among the other case files.

Command Suggestions for Statewide Improvement: The process of filing the CHP 735 and corresponding investigative report together should be considered for Statewide improvement. As noted above, this process increases accuracy, improves the efficiency of an audit, and enhances the Area's suspense system.
--

Inspector's Findings: The inspection found no notable patterns of errors or omissions. One typographical error found on a CHP 735 resulted in a minor undercharge being filed. This case was discussed and it was determined to have been made by an officer in training. The error was brought to the attention of the Susanville Area Field Training Officer supervisor.

Note: A random sampling of CHP 202, *Driving Under the Influence Arrest-Investigation* reports was conducted. The investigation reports were reviewed and none were found warranting a CHP 735.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Susanville	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr, #13312		Date: 05/06/09

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline



The inspection did not reveal any deficiencies which would warrant any type of corrective action.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 7-24-09
	INSPECTOR'S SIGNATURE 	DATE 7/24/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Susanville	Division: Northern	Number: 140
Evaluated by: Lieutenant T. Garr		Date: 05/06/09
Assisted by: Sergeant L. Powell		Date: 05/06/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature: 	
<input type="checkbox"/> Follow-Up Inspection BY: _____		Date: 7-24-09	
For applicable policies, refer to HPM 11.1, Chapter 6.			
Note: If a "No" or "N/A" box is checked, the Remarks section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: The Susanville Area has not entered into any reimbursable contracts within the time period inspected.
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: All COZEEP contracts are prepared at the State level, not at Area.
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Short notice cancellation orders are attached to CHP 415s and listed on the overtime report.
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Minimum payment of 4 hours is charged when employee is not notified of cancellation. Charge is listed on the overtime report.
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See item #1 remarks.
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: The Susanville Area has not received any written requests for specific reimbursable services within the time period inspected.
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above

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10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Susanville Area has not entered into any reimbursable contracts within the time period inspected.
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above.
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above.
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above.
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above.
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above.

Questions 18 through 26 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Susanville Area has not entered into any reimbursable services contracts during the time period inspected, however a CHP 466 is maintained.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

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CHAPTER 8
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27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: COZEEP contracts are not set up at Area level.
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Susanville Area provides no departmental training to external agencies which would require a contractual agreement.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEPP, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Susanville Area has not provided contractual protective services.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The Susanville Area uses the Statewide special project code of all COZEEP services.

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41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area COZEED overtime reports are sent to FMS via Division.
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The overtime report is sent to Division as soon as the Area's monthly report is received via Comm-Net.
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Coordinated by Northern Division.
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Susanville Area has not had any reimbursable non-uniformed personnel hours.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No amendments of reimbursable services have been requested.
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: If reimbursable services are contracted, all payments would be sent directly to FMS.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No reimbursable services have been requested.

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COMMAND INSPECTION PROGRAM EXCEPTIONS DOCUMENT

Command: Susanville	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr		Date: 05/06/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 2 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date: _____		
Chapter Inspection: CHAPTER 8: Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Susanville Area has not entered into any reimbursable services contracts within the time period covered by this inspection. The Office Services Supervisor demonstrated a thorough knowledge with regard to departmental policy and procedure governing tracking and reporting reimbursable contracts overtime hours.

The Susanville Area has been contracted for COZEEP services; however, the contracts were created at the State level and only implemented at the Area level. All COZEEP reimbursable services were checked for errors by matching CHP 415's with the individual COZEEP Daily Reports and matched against the Area's monthly overtime reports. All reporting was completed within the required time frames.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Susanville	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr		Date: 05/06/09

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action


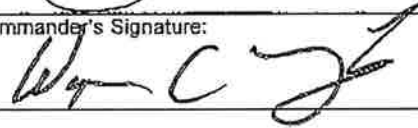
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 7-24-09
	INSPECTOR'S SIGNATURE 	DATE 7/24/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Susanville	Division: Northern	Number: 140
Evaluated by: Lieutenant Todd Garr		Date: 05/06/09
Assisted by: Sergeant George Steffenson		Date: 05/06/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 7-24-09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a No or N/A box is checked the Remarks section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? Upon a qualifying incident, field officers collect CHP 415s, <i>Daily Field Record</i> , pertaining to the activities of involved personnel and complete a CHP 735 for review by the shift sergeant. The CHP 735 package is then forwarded to the clerical staff where additional review is performed and/or placed in Area suspense awaiting conviction/toxicology results. The Area Commander has the final level of review at which time the CHP 735 is signed and forwarded to FMS.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: The Office Services Supervisor has been assigned this task.
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

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COMMAND DUI COST RECOVERY

1. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of $\geq .08\%$ were received • The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $< .08\%$ was obtained 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No applicable cases inspected.
5. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No applicable cases inspected.
7. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All hours matched except one typographical error from a new officer on training. The 735 was short 2 hours & 20 minutes. This was brought to the attention of the FTEP Coordinator/Sgt.

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9. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? As noted above, #6, Susanville Area utilizes the CHP 735A, <i>DUI Cost Recovery Program</i> .				
16. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

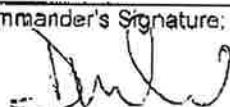
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COMMAND DUI COST RECOVERY

17. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area has one case over twelve months in which the court keeps continuing the case. Area is monitoring this case as with all other non-adjudicated cases.
18. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
19. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No overpayments found.
20. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Susanville Area files the quarterly reports with the 735A.
Question 25 pertains to Fiscal Management Section				
21. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Williams Area	Division: Northern	Chapter: 8 Reimbursable Services Contracts
Inspected by: Lt. M. Mulgrew		Date: May 20, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
<input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level			
Follow-up Required:	Forward to:	Commander's Signature:	Date:
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Northern Division Due Date: 6/15/09		7/13/09
Chapter Inspection: Command Reimbursable Services Contracts			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:

N/A

Inspector's Findings:

Overall, the Williams Area has a responsive Reimbursable Services Program which is within policy. There were a minimal amount of contracts so the inspection team conducted a 100% review. The Area has a sergeant newly assigned to coordinate the Reimbursable Services Program, but there were no vital program errors. The following minor discrepancies were found:

Area uses RSA numbers, but they are not formatted as identified in policy. Additionally, the CHP 466 is to be used only for a fiscal year (Area had two fiscal years combined) and is to be sent to Division on a monthly basis. During the Colusa Fair in 2008 a DGS billing code was needed on the CHP 465, but Area is gathering that information this year. Also, last year the Colusa Fair sent their check for services directly to Area instead of directly to Fiscal Management Section (FMS). Area forwarded the check to FMS. All other payments were sent directly to FMS.

Memorandum

Date: September 9, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Humboldt Area

File No.: 125.11879.15808

Subject: CORRECTION OF FINDINGS FROM CHAPTER 8 INSPECTION

The Northern Division Inspection Team conducted a Chapter 8 inspection of Humboldt Area on May 21, 2009. The inspection found inconsistencies in the documentation of DUI arrests for assisting officers and the line entries of the driver name on the CHP 415. The documentation was found to be inconsistent with Department policy outlined in HPM 11.1, Chapter 20.

Humboldt Area has corrected the inconsistency by notifying officers of the contents of Department policy to ensure proper documentation. Area sergeants are now included in the review process to ensure proper documentation. The Commander remains the final level of review to ensure all DUI Cost Recovery submissions are within Department policy prior to submission to Fiscal Management Section.


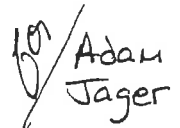
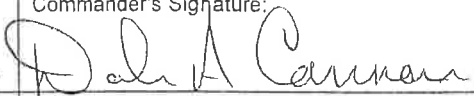
If you have any further questions, please don't hesitate to call me at (707) 822-5981.


D. A. CANNON, #11879
Commander

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Humboldt	Division: Northern	Number: 125
Evaluated by: Lt. A. Jager		Date: 05/21/09
Assisted by: Sgt. B. Fabbri		Date: 05/21/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:  		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 4/11/09	
For applicable policies, refer to HPM 11.1, Chapter 6.				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Sequential R# received from Division
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at command
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at command



STATE OF CALIFORNIA
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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original to Division and a copy at Area
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CHP 78R is not available to Area Commands
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occurrences at Area

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>NONE</i>
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>↓</i>
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>NONE</i>
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND REIMBURSABLE SERVICES

46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>NONE</i>
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Humboldt	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/21/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 5 hours, this includes travel time.	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date		
Chapter Inspection: <u>Reimbursable Services</u>			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
--

Updated training to Area office personnel on proper completion of Reimbursable Contracts.

Inspector's Findings:

None

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
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N/A

A

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Humboldt	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/21/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

AG

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
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Command: Humboldt	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/21/2009

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 06/10/2009
	INSPECTOR'S SIGNATURE 	DATE 06/10/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/09

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL



INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Humboldt	Division: Northern	Number: 125
Evaluated by: Sergeant B. Fabbri, #15808		Date: 05/21/09
Assisted by: Lt. A. Jager, #11809		Date: 05/21/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 			
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Follow-Up Inspection BY: _____ 09/01/2009 _____	Commander's Signature: 	Date: 6/11/09	
For applicable policies, refer to HPM 11.1, Chapter 20.					
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.					
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures? Accident Review Officer reviews all DUI collisions to ensure a CHP 735, Incident Response Reimbursement Statement, is completed. The AI Officer will note the CHP 553 that a CHP 735 is required, and indicate a date for completion 8 days after the date of collision. The office assistant is responsible for processing and tracking of the CHP 735. The office assistant monitors the cases awaiting BAC results, drug tests results, and refusals awaiting conviction, or other action by the prosecuting agency. The area procedures are outlined in Department policy, and Area S.O.P.					
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Office Assistant
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> A Blood Alcohol Content (BAC) under .08% A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Office Assistant maintains the CHP 735A Log for case monitoring, and checks the cases weekly.
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> The date of BAC results of $\geq .08\%$ were received The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Verified by FMS quarterly report to Area.
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No transient arrests.
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8

COMMAND DUI COST RECOVERY

13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The time spent is highlighted in the activity section with the defendant's name in the comments section. The activity was not consistently documented in the Notes section.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A review of CHP 415's found some had listed time spent on activities without the defendant's name on the CHP 415. This was more common on the assisting officer's CHP 415, and not the handling officer's CHP 415.
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Time is documented only if performing the task, and not supervising the task.
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Automatically entered on PDF form.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? The command maintains files alphabetically by defendant's last name. The CHP 735's awaiting conviction under kept in a separate file and checked weekly.				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area is using the CHP 735A for case tracking.

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STATE OF CALIFORNIA
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INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Program including the following information in the monitoring system?				
<ul style="list-style-type: none"> Defendant Information Violation Information Court Information FMS Information BAC test results 				
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area had no closed out cases at time of inspection.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: FMS handles overpayments.
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: FMS sends an email to the Office Supervisor for deficient forms.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: Humboldt	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/21/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 12 hours, this includes travel time.	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Northern Due Date: 09/01/2009		
Chapter Inspection: <u>DUI COST RECOVERY</u>			
Inspector's Comments Regarding Innovative Practices:			

The Office Assistant is doing a very good job with tracking CHP 735's. She is manually tracking DUI Cost recovery utilizing a CHP 735A, DUI Cost Recovery Log. This log can be accessed through AIS, and done automatically, which would save time.

Command Suggestions for Statewide Improvement:
--

Updated training to Area office personnel on proper completion/processing of CHP 735's, CHP 735A's through AIS, and tracking.

Inspector's Findings:

Area personnel are including entries of DUI arrests on CHP 415's, with last name of the arrested subject on each line entry on page one of CHP 415's. These entries are highlighted. This is taking the place of separating the entries in the note section on the CHP 415's. However, it was inconsistent with the assisting officers including the last name of the DUI driver on line entries. Reviewing supervisors need to assure this is being done and correct it if it is not.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

N/A

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Humboldt	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/21/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

AS

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Humboldt	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/21/2009

Required Action
Corrective Action Plan/Timeline

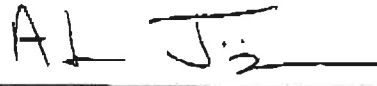
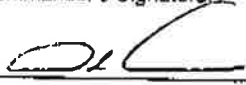
Deficiencies noted in inspection have been corrected.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 06/10/2009
	INSPECTOR'S SIGNATURE 	DATE 06/10/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Crescent City	Division: Northern	Number: 120
Evaluated by: Lt. A. Jager		Date: 05/18/09
Assisted by: Sgt. B. Fabbri		Date: 05/18/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:  LT.	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 
For applicable policies, refer to HPM 11.1, Chapter 6.		Date: 6-11-09	
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No Comments
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Sequential R# received from Division
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Has not occurred at command
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Has not occurred at command

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INSPECTION PROGRAM

CHAPTER 8

COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.				
12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Contracts
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
Questions 18 through 28 pertain to the preparation of agreements.				
18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: CHP 78R is not available to Area Commands
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: V

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8

COMMAND REIMBURSABLE SERVICES


29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Contract
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
Questions 39 through 45 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: ✓

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CHAPTER 8

COMMAND REIMBURSABLE SERVICES

46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No (insur 255)
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: 

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EXCEPTIONS DOCUMENT**

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Command: Crescent City	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/18/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 5 hours, this includes travel time.	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: N/A Due Date: N/A		
Chapter Inspection: 6-0-111 AND 6-0-112			
Inspector's Comments Regarding Innovative Practices:			

The Area had no Reimbursable contracts to evaluate.

Command Suggestions for Statewide Improvement:

Updated training to Area office personnel on proper completion of Reimbursable Contracts.

Inspector's Findings:

None

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

N/A

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

A5

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

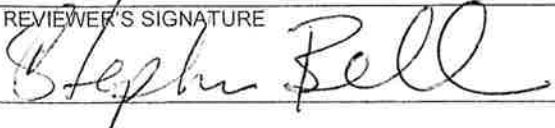
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Command: Crescent City	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/18/2009

Required Action

Corrective Action Plan/Timeline



N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 06/10/2009
	INSPECTOR'S SIGNATURE  LT	DATE 06/10/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 6/10/09

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Crescent City	Division: Northern	Number: 120
Evaluated by: Sergeant B. Fabbri, #15808		Date: 05/18/09
Assisted by: Lt. A. Jager, #11809		Date: 05/18/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:  LT.	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: 09/01/2009	
Commander's Signature: 		Date: 6-9-09	
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A Remarks:
2. What are these procedures? Sergeant's review all DUI collisions to ensure a CHP 735, Incident Response Reimbursement Statement, is completed. The office assistant is responsible for processing and tracking of the CHP 735. The office assistant monitors the cases awaiting BAC results, drug tests results, and refusals awaiting conviction, or other action by the prosecuting agency. The area procedures are outlined in Department policy, and Area S.O.P.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A Remarks: Office Assistant
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Remarks: This is not currently listed in their job description.

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COMMAND DUI COST RECOVERY

5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> A Blood Alcohol Content (BAC) under .08% A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Office Assistant maintains the CHP 735A Log for case monitoring.
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> The date of BAC results of $\geq .08\%$ were received The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Verified by FMS quarterly report to Area.
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No transient arrests.
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8

COMMAND DUI COST RECOVERY

13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The time spent is highlighted in the activity section with the defendant's name in the comments section. The activity was not consistently documented in the Notes section.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Time is documented only if performing the task, and not supervising the task.
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Automatically entered on PDF form.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area is using the CHP 735A for case tracking.

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CHAPTER 8

COMMAND DUI COST RECOVERY

<ul style="list-style-type: none"> • Violation Information • Court Information • FMS Information • BAC test results 				
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area had no closed out cases at time of inspection.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: FMS handles overpayments.
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: FMS sends an email to the Office Supervisor for deficient forms.

AG

STATE OF CALIFORNIA
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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Crescent City	Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05-18-2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 12 hours, this includes travel time	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Northern Due Date: 09/01/2009		
Chapter Inspection: Command DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

The Office Assistant is doing a very good job with tracking CHP 735's. She is manually tracking DUI Cost recovery utilizing a CHP 735A, DUI Cost Recovery Log. This log can be accessed through AIS, and done automatically, which would save time.

Command Suggestions for Statewide Improvement:

Updated training to Area office personnel on proper completion/processing of CHP 735's, CHP 735A's through AIS, and tracking.

Inspector's Findings:

Area needs to include CHP 735 processing procedures on duty statement of personnel handling CHP 735's.

Area Personnel are including entries of DUI arrests on CHP 415's, with last name of the arrested subject on each line entry on page one of CHP 415's. These entries are highlighted. This is taking place of separating the entries in the note section on the CHP 415's.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Corrective actions have been taken and the identified problems remedied.
The CHP 735A, DUI Cost Recovery processing procedures were incorporated into the office assistant duty statement.

Area officers were educated on the need to incorporate the suspects name, charges and case # in the notes section of the CHP 415A.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 3

Command: Crescent City	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/18/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

AS

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**COMMAND INSPECTION PROGRAM
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Page 3 of 3

Command: Crescent City	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 05/18/2009

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE	DATE
	<i>A. J. Jager</i>	06/10/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	INSPECTOR'S SIGNATURE	DATE
	<i>A. J. Jager</i> LT.	06/10/2009
	REVIEWER'S SIGNATURE	DATE
	<i>Frank H. Harris Jr.</i>	8/25/2009

State of California

Business, Transportation and Housing Agency

M e m o r a n d u m

Date: August 27, 2009

To: Northern Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Crescent City Area

File No.: 120.10689

Subject: CHAPTER 8 INSPECTION FOLLOW-UP

All items requiring follow-up, in the recent Chapter 8 Inspection conducted by Northern Division, at the Crescent City Area, have been addressed and completed.

If you have any questions or require any additional information, please contact me at (707) 464-3117.



JOE LAPTHORNE, Lieutenant
Commander

Attachments

Safety, Service, and Security

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: 120	Division: Northern	Number:
Evaluated by: Nancy Stewart		Date: 5/12/09
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: Lt. Laphorne 5/12/09	
Follow-up Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: Date:
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:
2. What are these procedures?		1. Officers are trained and periodically reminded of criteria at briefings 2. Reports are audited by Sgts, A.I. officers and returned for 735 if required. 3. The clerical staff is trained and watches for the submission of the 735s.	
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:

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CHAPTER 8

COMMAND DUI COST RECOVERY

1. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> A Blood Alcohol Content (BAC) under .08% A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> The date of BAC results of $\geq .08\%$ were received The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Some investigations take longer than 10 days to complete, therefore a few are later but are submitted at completion.
4. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

1. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Not consistently noted Remarks: in the "Notes" portion, but noted in the "activity" area
2. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?				
8. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8


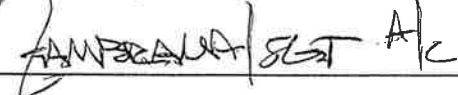
COMMAND DUI COST RECOVERY

• BAC test results				
9. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>Have not had any</i>
12. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
13. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Cottonwood IF	Division: Northern	Number: 131
Evaluated by: Lt. M. Mulgrew		Date: 5/28/09
Assisted by: Sgt. T. Poindexter Sgt. J. Gillespie		Date: 5/28/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Commander's Signature:  	Date: 7/14/09
<input type="checkbox"/> Follow-Up Inspection BY: _____			
For applicable policies, refer to HPM 11.1, Chapter 20.			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures?				
<p>The Cottonwood Inspection Facility does not regularly have DUI arrests that meet criteria for the DUI Cost Recovery Program. However, the personnel in the facility that review arrest documents are aware of the criteria and that a CHP 735 is required on those incidents. There was only one CHP 735 for review that was in the inspection time period. The procedures include a sergeant's review of the arrest, as well as a review by the special duty officer. If either of these reviewers identify an arrest that meets criteria, they will initiate the process for a CHP 735. When the CHP 735 is complete it is sent to the commander for signature and then to clerical for processing and mailing to Fiscal Management Section (FMS). The Inspection Facility's office supervisor is knowledgeable in the DUI Cost Recovery Program as well and if she processes an arrest that requires a CHP 735, she will send it back to review for the initiation of a CHP 735 form.</p>				
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: OSS I
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not identified in SOP or other documents.

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COMMAND REIMBURSABLE SERVICES

11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
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Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not required for negative tracking.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Services Unit?				
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: If such a request were to be made.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEL, MAZEEL, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Cozeep

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division responsibility
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No non-uniformed overtime.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.

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Page 1 of 2

Command: Cottonwood IF	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 28, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 1.5	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: Chapter 8, DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:
--

N/A

Inspector's Findings:

The Cottonwood Inspection Facility only had one DUI Cost Recovery case, which was handled according to policy. The inspection team randomly selected DUI arrests to determine if a CHP 735 was created when indicated. None of the sampled arrests required a CHP 735, which would indicate the Inspection Facility has a clear understanding when a CHP 735 is required to be completed. Interviews with assigned personnel indicate a sound understanding of the Department's DUI Cost Recovery Program.

The office supervisor is assigned to process all CHP 735s, but this responsibility is not listed in her job description. The inspection team noted that the hourly rate was missing from the CHP 735. This is no longer an issue as the Inspection Facility is utilizing the Adobe CHP 735 form on the Department's computer system, which automatically lists the hourly rate.

The Inspection Facility does not utilize the CHP 735A as a tracking or monitoring system. The Court Officer tracks open cases through a simple suspense system but there is not a formal monitoring system in place. This appears to work for the facility, considering the volume of cases involved.

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EXCEPTIONS DOCUMENT

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Command: Cottonwood IF	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 28, 2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action
Corrective Action Plan/Timeline

The Office Supervisor I's job description contained in the SOP has been updated to include the review and processing of CHP 735s.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>[Signature]</i>	DATE 8-20-09
	INSPECTOR'S SIGNATURE <i>[Signature]</i>	DATE 8/20/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>[Signature]</i>	DATE 8/25/09

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Cottonwood Inspection Facility	Division: Northern	Number: 131
Evaluated by: Lt. M. Mulgrew		Date: 5/28/09
Assisted by: Sgt. T. Poindexter Sgt. J. Gillespie		Date: 5/28/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: <i>M. Mulgrew</i>	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: <i>L. Mulgrew / Sgt. H/C</i>	Date: 7/14/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts. This element did not occur with Cozeep.
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: If received.
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Cottonwood IF did not have any reimbursable services contracts.

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5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> A Blood Alcohol Content (BAC) under .08% A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> The date of BAC results of $\geq .08\%$ were received The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of $< .08\%$ was obtained 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Of the only incident reviewed, it did not meet Section B criteria.
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No transients
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The 415 of one officer from adjoining Area had more hours identified than charged on the CHP 735.

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13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Items were marked in the "Comments" section, but not in the "Notes" section.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No supervisors or managers were involved arrest.
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The hourly rate was not identified on the CHP 735.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? N/A				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None were over 12 months.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No closed out cases.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No refunds.
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: If received.
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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Command: Cottonwood IF	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 28, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 1.0	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: Chapter 8, Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:
--

N/A

Inspector's Findings:

The Cottonwood Inspection Facility did not have any reimbursable services contracts to be audited during the last 12 months. They had minimal use of Cozeep overtime from other Areas. The inspection team reviewed 100% of those documents (6) and spoke to staff regarding reimbursable services. The personnel demonstrated a strong understanding of policy, should they ever encounter an event that would necessitate a contract.

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Command: Cottonwood IF	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 28, 2009


Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8-20-09
	INSPECTOR'S SIGNATURE 	DATE 8/20/09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 8/25/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Northern Division	Division: Northern	Number: 101
Evaluated by: Lt. M. Mulgrew		Date: June 2, 2009
Assisted by: Sgt. J. Gillespie Sgt. T. Poindexter		Date: June 2, 2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: <i>M. Mulgrew</i>	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: <i>Frank D. Parrish</i>	Date: <i>8/11/2009</i>
For applicable policies, refer to HPM 11.1, Chapter 6.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No safety service was provided to another state agency.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No safety service was provided to another state agency.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: There was no short notice cancellations during the period inspected.
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No such request made during the period of inspection.
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No such requests made.

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Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The commercial unit has been using a separate log.
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The commercial unit has been using an excel spreadsheet they developed.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The commercial spreadsheet log does begin with new fiscal year.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: All numbers were accounted for.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Originals are sent to FMS.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not been asked for.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not been asked for.
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.

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29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: If requested they would be referred.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No statewide agreements.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No statewide agreements.
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such report during inspection period.
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No nonuniformed overtime.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such fund.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: They are aware of the policy but have not had to deal with a delinquent company.

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Command: Northern Division	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: June 2, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4.0	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: Chapter 8, Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:

N/A

Inspector's Findings:

Northern Division is not only responsible to generate reimbursable service contract numbers (R numbers) for the Areas within Northern Division, but they are also responsible to reconcile those numbers and generate and reconcile R numbers used by Division personnel. Division did have an R Number log (CHP 466) and is reconciling those numbers. The inspection team noted that the Commercial Unit was generating their own R numbers and tracking them on their own Excel spreadsheet. The Northern Division Reimbursable Services Coordinator was not aware of those numbers and those numbers are not tracked or reconciled on Division's CHP 466. The contract files from the commercial unit were well maintained and kept all required information, although originals were sent to Fiscal Management Section (FMS) when only copies are required to be sent.

Division's CHP 466 is being maintained on a regular basis but some information was not noted on the form, such as when Areas send their Billing Memorandum (CHP 465) to FMS. This information is difficult to gather from individual Area CHP 465s because it is not a required field on that form. However, if Areas sent copies of their own CHP 466 regularly to Division, as required, the Division Coordinator would be able to better track all required information.

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Command: Northern Division	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: June 2, 2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

- 1) Upon completion of the inspection, the Northern Division Commercial Unit immediately began using the CHP 466 – Reimbursable Services Control Log. The R numbers are obtained from the Northern Division Reimbursable Services Coordinator.
- 2) The Northern Division Commercial Unit now retains the original reimbursable services contract, and sends a copy to Fiscal Management Section (FMS).
- 3) The Northern Division Reimbursable Services Coordinator now documents on the CHP 466 when CHP 465 – Billing Memorandums, are sent to FMS.


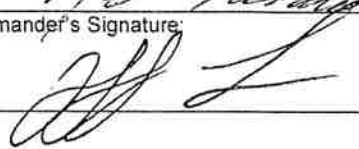
Northern Division is now in compliance with all items discovered during the Command Reimbursable Services inspection.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE <i>Frank H. Panisly</i>	DATE 8/15/09
	INSPECTOR'S SIGNATURE <i>M. Mulgrew</i>	DATE 8/20/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE <i>Frank H. Panisly</i>	DATE 8/25/09

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Mt. Shasta	Division: Northern	Number: 146
Evaluated by: V. Zambrana, Sgt., #12435		Date: 5/20/2009
Assisted by: M. Mezzano, Sgt., #10584		Date: 5/20/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	
For applicable policies, refer to HPM 11.1, Chapter 6.		Date: 6-11-09		
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Requests
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Requests
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Caltrans Only
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Required

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Completed
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Completed
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Completed
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Requests

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INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No SSP RSA's
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Requests
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Required/No RSA's
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA Control Log
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA Control Log
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA Control Log
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Completed
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Way to Verify at Area
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Non-Uniform OT Hours
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Amendments on File
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL



INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Mt. Shasta	Division: Northern	Number: 146
Evaluated by: Sgt. M. Mezzano, #10584		Date: 05/20/2009
Assisted by: SGT. Zambrana, #12435		Date: 05/20/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 6-11-09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? The investigating officer is required to collect all CHP-415's (Daily Report of Activity) form for all departmental personnel assisting with the investigation. The investigating officer is required to complete the CHP-735 (DUI Cost Recovery) form and submit it along with copies of all applicable CHP-415's to their shift supervisor for review and approval. Upon approval the shift supervisor forwards the CHP-735 and associated CHP-415's to the Office Assistant (O/A) for processing. The O/A reviews the form and prepares a computer generated copy of the CHP-735. All required information is entered onto the CHP-735A, Case Log for tracking. The O/A forwards all applicable CHP-735's to Headquarters, Fiscal Management Section within the required 10 day period. The O/A checks case status with appropriate court every 30 days and updates the CHP-735A as required by policy.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of \geq.08% were received • The date of BAC results of \geq.04% were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $<$.08% was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

<ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 				
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has changed local SOP to comply with policy.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: FMS Function
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: FMS Function
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Mt. Shasta	Division: Northern	Chapter: 146
Inspected by: Lt. Joe Micheletti		Date: 05/20/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: Three Hours expended.	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection: 8 – DUI Cost Recovery and Reimbursable Services Contracts			
Inspector's Comments Regarding Innovative Practices:			

I met with the Mt. Shasta Area Commander Jeff Lee regarding this inspection and He expressed genuine interest in the programs and any input we might have to make them better. Lieutenant Lee also assisted me in locating the necessary documents to be inspected.

Command Suggestions for Statewide Improvement:
--

None.

Inspector's Findings:

Mt. Shasta Area is currently following all policies and procedures outlined in HPM 11.1, chapter 6 and 20. Also as a result of this inspection, Area will be sending a copy of the Reimbursable Services Control Log to Division each month.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Mt. Shasta	Division: Northern	Chapter: 146
Inspected by: Lt. Joe Micheletti		Date: 05/20/2009

Required Action
Corrective Action Plan/Timeline

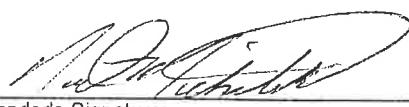

None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 6-11-09
	INSPECTOR'S SIGNATURE 	DATE 6/11/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Yreka	Division: Northern	Number: 145
Evaluated by: J. Micheletti, #11872 Lt.		Date: 5/21/2009
Assisted by: M. Mezzano, Sgt., #10584		Date: 5/21/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 5/21/09
For applicable policies, refer to HPM 11.1, Chapter 6.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No RSA's
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No RSA's
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No Requests
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: No Requests
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: None

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.				
12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Required
Questions 18 through 31 pertain to the preparation of agreements.				
18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Division maintained.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Division maintained.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Division maintained.
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: None

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30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: No Requests
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA's
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Required/No RSA's
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA Control Log
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA Control Log
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No RSA Control Log
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Completed
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8


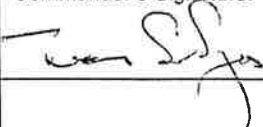
COMMAND REIMBURSABLE SERVICES

47. Are all COZEEP/MAZEED reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEED reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Way to Verify at Area
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Amendments on File
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Yreka	Division: Northern	Number: 145
Evaluated by: Sgt. M. Mezzano, #10584		Date: 05/21/2009
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 5/21/09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? <p>The investigating officer is required to collect all CHP-415's (Daily Report of Activity) form for all departmental personnel assisting with the investigation. The investigating officer is required to complete the CHP-735 (DUI Cost Recovery) form and submit it along with copies of all applicable CHP-415's to their shift supervisor for review and approval. Upon approval the shift supervisor forwards the CHP-735 and associated CHP-415's to the Office Assistant (O/A) for processing. The O/A reviews the form and prepares a computer generated copy of the CHP-735. All required information is entered onto the CHP-735A, Case Log for tracking. The O/A forwards all applicable CHP-735's to Headquarters, Fiscal Management Section within the required 10 day period. The O/A checks case status with appropriate court every 30 days and updates the CHP-735A as required by policy.</p> <p>The Area had been recently audited by Headquarters. A number of issues were identified. All of the necessary procedural changes were implemented to ensure compliance with departmental policy. No discrepancies were discovered during this audit.</p>			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:

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4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
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5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of =.08% were received • The date of BAC results of =.04% were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of < .08% was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
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13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?				

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20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> Defendant Information Violation Information Court Information FMS Information BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: FMS Function
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: FMS Function
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: Yreka	Division: Northern	Chapter: 145
Inspected by: Lt. Joe Micheletti		Date: 05/21/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: Three Hours expended.	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: 8 – DUI Cost Recovery and Reimbursable Services Contracts			
Inspector's Comments Regarding Innovative Practices:			

I met with the Yreka Area Commander Tracy Sturges regarding this inspection and He expressed genuine interest in the program and any input we might have to make it better. Captain Sturges also assisted me in locating the necessary documents to be inspected.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Yreka Area is currently following all policies and procedures outlined in HPM 11.1, chapter 6 and 20.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.

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Command: Yreka	Division: Northern	Chapter: 145
Inspected by: Lt. Joe Micheletti		Date: 05/21/2009

Required Action
Corrective Action Plan/Timeline


None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 6/11/09
	INSPECTOR'S SIGNATURE 	DATE 6/11/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/09

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Willows	Division: Northern	Number: 160
Evaluated by: Lieutenant T. Garr		Date: 05/14/09
Assisted by: Sergeant L. Powell		Date: 05/14/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature:  Date: 7/27/09
For applicable policies, refer to HPM 11.1, Chapter 6.			
Note: If a No or N/A box is checked, the Remarks section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Services were provided to another State agency; however, the five-digit billing code was not obtained.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Written request were appropriately received by this command.
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Both reimbursable contracts are under \$50,000.

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No requests for extraordinary services received by this command.
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Questions 12 through 17 pertain to collecting advance deposits:

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: See above
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Payment made directly to FMS.
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above.
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Payment made directly to FMS.

Questions 18 through 27 pertain to the preparation of agreements:

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: All sequential numbers match Billing Memorandums.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Originals routed to Division. Copies kept at Area.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Indemnification clause not requested.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: All reimbursable contracts are under \$50,000.

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Contracting agencies are not local public entities.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No protection services have been requested.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided:				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Willows Area provides no departmental training to external agencies which would require a contractual agreement.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: All CHP 467s were sent to FMS within the required time limit.
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area's CHP 466 has not been forwarded to Division at the end of the month, in which reimbursable services have been rendered.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No items are outstanding.
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects:				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Willows Area has not provided contractual protective services.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:


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43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Contingent upon when the monthly reports print after FLSA cutoff.
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: See above
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Area responsibility.
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Willows Area has not had any reimbursable non-uniformed personnel hours within the past calendar year.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No amendments of services have been requested.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None of the contracting companies have been delinquent with payment for services.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Willows	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr		Date: 05/14/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 4 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____			
Chapter Inspection: CHAPTER 8: Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

Willows Area's suspense system for monitoring the driving under the influence (DUI) cost recovery process operates effectively. Additionally, the inspection found no notable patterns of errors or omissions.

Note: A sampling of 20 CHP 202, *Driving Under the Influence Arrest-Investigation* reports was conducted. The investigation reports were reviewed and three incidents were identified where a CHP 735 was warranted and not prepared. This was discussed with the Area Commander who indicated appropriate follow-up would be conducted.

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Command: Willows	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr		Date: 05/14/09


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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action


Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 7/27/09
	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
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CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Willows	Division: Northern	Number: 160
Evaluated by: Lt. Todd Garr		Date: 05/14/2009
Assisted by: Sgt. George Steffenson		Date: 05/14/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 7/27/09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. What are these procedures? Upon a qualifying incident, field officers collect CHP 415s, <i>Daily Field Record</i> , pertaining to the activities of involved personnel and complete a CHP 735 for review by the shift sergeant. The CHP 735 package is then forwarded to the clerical staff where additional review is performed and/or placed in Area suspense awaiting conviction/toxicology results. The Area Commander has the final level of review at which time the CHP 735 is signed and forwarded to FMS.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks: The Office Services Supervisor has been assigned this task.			
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remarks:			

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COMMAND DUI COST RECOVERY

1. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of $\geq .08\%$ were received • The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

1. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>7. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?</p> <p>As noted above, #6, Willows Area utilizes the CHP 735A, DUI Cost Recovery Program form.</p>				
8. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8

COMMAND DUI COST RECOVERY

9. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No overpayments found.
12. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
13. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

Command: Willows	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr		Date: 05/14/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 2.5 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date:		
Chapter Inspection: CHAPTER 8, Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Willows Area had one reimbursable services contract within the time period covered by this inspection. A written request was appropriately received by this command. With the exception of two minor errors, all proper procedures were followed when setting up and fulfilling the contract.

Two minor errors were discovered when reviewing the CHP 467, Billing Memorandum- Reimbursable Services, in that, a Department of General Services (DGS) billing code was applicable since the contracting agency was another State agency. Additionally, the Area's CHP 466, Reimbursable Services Control Log, had not been forwarded to Northern Division within the month in which services were rendered.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

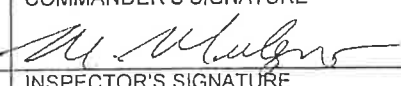
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Command: Willows	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr		Date: 05/14/09

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)



Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 7/27/09
	INSPECTOR'S SIGNATURE	DATE
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

STATE OF CALIFORNIA
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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Trinity River	Division: Northern	Number: 175
Evaluated by: Lieutenant T. Garr		Date: 05/13/09
Assisted by: Sergeant L. Powell		Date: 05/13/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	
Date: 7/27/09				
For applicable policies, refer to HPM 11.1, Chapter 6.				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Reimbursable contract with private construction company.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Party obtained permit prior to contracting with CHP. Permit number listed on CHP 467.
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Request was made by telephone to appropriate command.
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Traffic control services were less than \$50,000.

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COMMAND REIMBURSABLE SERVICES

11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No protective services requested.
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Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Advance deposit was obtained.
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Copy of CHP 251 attached to CHP 465 package.
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original not retained at Area.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Indemnification clause not requested.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Service was under \$50,000.

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28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Contracting party not a local public body.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Trinity River Area does not have any Statewide agreements for reimbursable services; however CHP 467 forms and CHP 313 forms were prepared and attached to CHP 465 package.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above.
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Trinity River Area provides no departmental training to external agencies which would require a contractual agreement.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Submitted on the sixth business day after completion of services.
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: OSSI will forward CHP 466 to Division Coordinator at the end of May, 2009.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No outstanding items remain.
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Trinity River Area has not provided contractual protective services.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Trinity River Area has not had any COZEEP/MAZEEP reimbursable overtime within the time period inspected.
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Trinity River Area has not had any reimbursable non-uniformed personnel hours within the past calendar year.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No amendments of service agreements have been necessary.
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Other than initial deposit collected by Area for services, remainder of billing is done through FMS.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Command has not yet been notified of any delinquencies.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Trinity River	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr		Date: 05/13/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 2 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____			
Chapter Inspection: CHAPTER 8, Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Trinity River Area had one reimbursable services contract within the time period covered by this inspection. All proper procedures were followed when setting up and fulfilling the contract. The Office Services Supervisor demonstrated a thorough knowledge with regard to departmental policy and procedure governing tracking and reporting reimbursable contracts overtime hours. For this reimbursable contract, although all the proper paperwork was submitted, the submission date to Fiscal Management Section was one day outside of the required five days.

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Command: Trinity River	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr		Date: 05/13/09

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 7/27/09
	INSPECTOR'S SIGNATURE 	DATE 7/27/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/09

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL


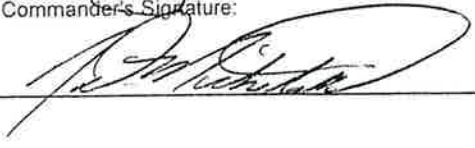
INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Trinity River	Division: Northern	Number: 175
Evaluated by: Lieutenant Todd Gar, #13312		Date: 05/13/2009
Assisted by: Sergeant George Steffenson		Date: 05/13/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 
Date: 7/27/09			
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:
2. What are these procedures?			
Upon a qualifying incident, field officers collect CHP 415s, <i>Daily Field Record</i> , pertaining to the activities of involved personnel and complete a CHP 735 for review by the shift sergeant. The CHP 735 package is then forwarded to the clerical staff where additional review is performed and/or placed in Area suspense awaiting conviction/toxicology results. The Area Commander has the final level of review at which time the CHP 735 is signed and forwarded to FMS.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks: The Office Services Supervisor has been assigned this task.
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

1. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of $\geq .08\%$ were received • The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: One CHP 735, drugs only, was inadvertently sent to FMS prior to case adjudication. The Office Services Supervisor contacted FMS in order to have the CHP 735 returned.
5. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No applicable cases inspected.
7. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Three CHP 735s were found where the hours were not consistent. Two of the three undercharged and one of the three overcharged by one hour.

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COMMAND DUI COST RECOVERY

1. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>7. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?</p> <p>As noted above, #6, Trinity River Area utilizes the CHP 735A, DUI Cost Recovery Program form.</p>				
8. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

9. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: One CHP 735 was submitted with one hour more than the attached CHP 415s indicated. Trinity River has initiated the correction process with FMS.
12. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
13. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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EXCEPTIONS DOCUMENT

Command: Trinity River	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr, #13312		Date: 05/13/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ 6 _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____			
Chapter Inspection: CHAPTER 8, Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

Trinity River's suspense system for monitoring the driving under the influence (DUI) cost recovery process is functional. CHP 735s are always submitted to FMS in a timely manner. However, a number of CHP 735s did not indicate the date submitted to FMS as was appropriately documented on the CHP 735A. A discussion with the Trinity River Office Services Supervisor (OSS) revealed that she had a clear understanding of the criteria for CHP 735 submission with the exception of drug only submissions. This was addressed by explaining the criteria for drug only CHP 735 submissions as outlined in Highway Patrol Manual (HPM) 11.1, *Administrative Procedures Manual*. Upon reviewing the policy, she subsequently demonstrated a clear understanding of drug only CHP 735 submission requirements. Additionally, she advised that Area would closely review the CHP 735s and 735A to ensure information is properly entered into the appropriate fields and that both forms correspond with each other.

It was recommended to the Trinity River OSS that in cases which are pending conviction for only Section 23152 (a) of the California Vehicle Code (VC), or a greater offense involving alcohol and/or drugs, be listed on the CHP 735A, Case Log-DUI Recovery Program log. Trinity River's suspense system currently files these cases separately, not noted on the CHP 735A, and routinely checks the cases for adjudication. Additionally, it was also recommended that court case numbers and conviction dates be entered on the CHP 735A. A sampling of CHP 202, *Driving Under the Influence Arrest-Investigation* reports was conducted which revealed CHP 735s had been completed when necessary.

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Command: Trinity River	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr, #13312		Date: 05/13/2009

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action



Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 7/27/09
	INSPECTOR'S SIGNATURE 	DATE 7/27/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/09

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CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Ukiah Area	Division: Northern Division	Number: 150
Evaluated by: Sergeant G. Baarts, #15687		Date: 06/04/09
Assisted by: Lt. A. Jager, #11809		Date: 06/04/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 		
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	
Date: 6/14/09				
For applicable policies, refer to HPM 11.1, Chapter 6.				
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.				
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Sequential R# received from Division
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at command
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Has not occurred at command

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COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits				
12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Requested prior to signing contract.
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Except for yearly contract with Ukiah Fairgrounds.
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Except for yearly contract with Ukiah Fairgrounds.
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 18 through 31 pertain to the preparation of agreements				
18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Original to Division and a copy at Area
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: CHP 78R is not available to Area Commands
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: NAME

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CHAPTER 8

COMMAND REIMBURSABLE SERVICES

29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>NONE</i>
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>✓</i>
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>NONE</i>
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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 CHAPTER 8
 COMMAND REIMBURSABLE SERVICES

46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division Level
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: <i>None</i>
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Ukiah	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 06/04/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4 hours, this includes travel time.	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: N/A Due Date: N/A		
Chapter Inspection: <u>REIMBURSABLE SERVICES</u>			
Inspector's Comments Regarding Innovative Practices:			

The Area has a yearly Reimbursable contract with the Fairgrounds for ongoing events.

Command Suggestions for Statewide Improvement:
--

Updated training to Area office personnel on proper completion of Reimbursable Contracts.

Inspector's Findings:

None

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

N/A

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

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EXCEPTIONS DOCUMENT

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Command: Ukiah	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 06/04/2009

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 06/10/2009
	INSPECTOR'S SIGNATURE 	DATE 06/10/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/09

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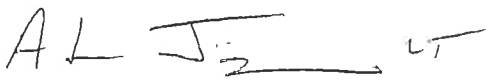

INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Ukiah Area	Division: Northern Division	Number: 150
Evaluated by: Sergeant G. Baarts, #15687		Date: 06/04/09
Assisted by: Lt. A. Jager, #11809		Date: 06/04/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Follow-Up Inspection BY: _____ 09/01/2009 _____	Commander's Signature: 	Date: 6/11/09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? Area sergeants review all CHP 202's and ensures the CHP 735, Incident Response Reimbursement Statement, is completed for cases meeting the criteria. Sergeants review all CHP 735's and attached CHP 415's to ensure accurate reporting. The Accident Review Officer reviews all DUI collisions to ensure a CHP 735, Incident Response Reimbursement Statement, is completed. The Office Assistant (OA) is responsible for processing and tracking of the CHP 735. The OA monitors the cases awaiting BAC results, drug tests results, and refusals awaiting conviction, or other action by the prosecuting agency. The Area procedures are outlined in Department policy and Area S.O.P.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Office Assistant

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COMMAND DUI COST RECOVERY

4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Office Assistant maintains the CHP 735A Log for case monitoring, and checks the cases weekly.
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of $\geq .08\%$ were received • The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area did not have a copy of the FMS quarterly reports. The commander indicated not all 735's are being forwarded to FMS within ten business days. Procedures have been implemented to ensure this is being done.
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Review of the CHP 735A and CHP 735's indicated this is being done.
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No transient arrests.
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The time spent is highlighted in the activity section with the defendant's name in the comments section. The activity was not consistently documented in the Notes section.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: A review of CHP 415's found some had listed time spent on activities without the defendant's name on the CHP 415. This was more common on the assisting officer's CHP 415, and not the handling officer's CHP 415.
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Time is documented only if performing the task, and not supervising the task.
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Automatically entered on PDF form.
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The CHP 735A Log is being utilized through AIS. A separate log is kept on cases requiring follow-up with the courts in regards to conviction dates.
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?				
In addition to the CHP 735A Log, the command maintains a CHP 735 file. The CHP 735's awaiting conviction are kept in a separate file and copies of the CHP 735 are used to document dates when case status is checked. This is completed on a weekly basis by accessing the court database via a dedicated computer at the Area office.				

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COMMAND DUI COST RECOVERY

<p>20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system?</p> <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks: Area is using the CHP 735A for case tracking.</p>
<p>21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<p>Remarks: <i>None</i></p>
<p>22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks: Area had no closed out cases at time of inspection.</p>
<p>23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	<p>Remarks: FMS handles overpayments.</p>
<p>24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks: The commander reviews the FMS quarterly reports and takes appropriate corrective action to ensure timely submission and accountability of CHP 735's.</p>
<p>Question 25 pertains to Fiscal Management Section</p>				
<p>25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	<p>Remarks: FMS sends an email to the Office Supervisor for deficient forms.</p>

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COMMAND INSPECTION PROGRAM
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Command: Ukiah	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 06/04/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 8 hours, this includes travel time.	<input type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Northern Due Date: 09/01/2009		
Chapter Inspection: <i>DUI Cost Report</i>			
Inspector's Comments Regarding Innovative Practices:			

None

Command Suggestions for Statewide Improvement:
--

Updated training to Area office personnel on proper completion/processing of CHP 735's, CHP 735A's through AIS, and tracking.

Inspector's Findings:

Area personnel are including entries of DUI arrests on CHP 415's, with last name of the arrested subject on each line entry on page one of CHP 415's. These entries are highlighted. This is taking the place of separating the entries in the note section on the CHP 415's. However, it was inconsistent with the assisting officers including the last name of the DUI driver on line entries. Reviewing supervisors need to assure this is being done and correct it if it is not.

Area could not locate FMS quarterly reports. The Commander indicated not all CHP 735's are being forwarded to FMS within ten business days. Procedures have been implemented to ensure this is being done and to keep the quarterly reports in the CHP 735 file.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

N/A

COMMAND INSPECTION PROGRAM
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Command: Ukiah	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 06/04/2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

N/A

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Command: Ukiah	Division: Northern	Chapter: 8
Inspected by: Lt. Adam Jager		Date: 06/04/2009

Required Action

Corrective Action Plan/Timeline

The command has been receiving the FMS quarterly reports and using them as an administrative tool for following up on timeliness of 735s sent to Accounting. They have not been saved or filed at the command. Effective immediately, a file and process has been set up between the commander and clerical staff for this process to be implemented.

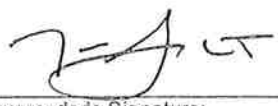
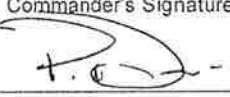
The commander and staff round tabled the issue of 735s not consistently being sent to FMS within the 10 business day limit. It was determined that some of the 735s were getting caught up and delayed in the accident/arrest report review process. To rectify the issue, it was decided that field supervisors would separate the 735s from the investigative packet, and send the 735s directly to the clerical staff for processing. This would eliminate the possibility of the 735 getting caught up in the back and forth exchange between the AI officer and the investigating officer when a collision report goes back for corrections. This process has been implemented immediately.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 06/10/2009
	INSPECTOR'S SIGNATURE 	DATE 06/10/2009
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

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COMMAND REIMBURSABLE SERVICES

Command: Quincy	Division: Northern	Number: 165
Evaluated by: Lieutenant T. Garr		Date: 05/07/09
Assisted by: Sergeant L. Powell		Date: 05/07/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 
Date: 8/12/9			
For applicable policies, refer to HPM 11.1, Chapter 6.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: The Quincy Area has not entered into any reimbursable contracts within the time period inspected.
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: All COZEEP contracts are prepared at the State level, not at Area.
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See above
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Short notice cancellation, orders are attached to the CHP 415's and listed on the overtime report.
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: A minimum of 4 hours is charged when the employee is not notified of the cancellation. Charges are listed on the overtime report.
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See item #2 remarks.
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See item #2 remarks.
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See item #2 remarks.
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: See item #2 remarks.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See item #1 remarks.
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Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Quincy Area has not entered into any reimbursable services contracts during the time period inspected.
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The Quincy Area has not entered into any reimbursable services contracts during the time period inspected; however, a CHP 466 is maintained.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Forms are completed and submitted with monthly overtime reporting.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: COZEEL contracts not set up at Area level.
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Quincy Area provides no departmental training to external agencies which would require a contractual agreement.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEL, MAZEEL, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Quincy Area has not provided contractual protective services.
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The Quincy Area uses the Statewide special project code for all COZEEL services.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Quincy Area COZEEP overtime reports are sent to FMS via Division.
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The overtime report is sent to Division as soon as the Area's monthly report is received via Comm-Net.
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Coordinated by Northern Division.
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Quincy Area has not had any reimbursable non-uniformed personnel hours within the past calendar year.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not handled at Area level. Area is notified by Caltrans when COZEEP services are being discontinued.
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See item #50 remarks.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See item #39 remarks.

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Quincy	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr		Date: 05/07/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ <u>2</u> _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____			
Chapter Inspection: CHAPTER 8, Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The Quincy Area has not entered into any reimbursable services contracts within the time period covered by this inspection. The Office Services Supervisor demonstrated a thorough knowledge with regard to departmental policy and procedure governing tracking and reporting reimbursable contracts overtime hours.

The Quincy Area has been contracted for COZEED services; however, the contracts were created at the State level and only implemented at the Area level. All COZEED reimbursable services were checked for errors by matching CHP 415's with the individual COZEED Daily Reports and matched against the Area's monthly overtime reports. All reporting was completed within the required time frames.

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2

Command: Quincy	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr		Date: 05/07/09

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)


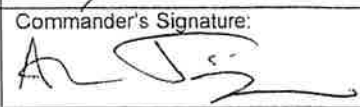
Required Action
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8/12/9
	INSPECTOR'S SIGNATURE 	DATE 8/12/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Garberville	Division: Northern	Number: 126
Evaluated by: J. Micheletti, #11872 Lt.		Date: 5/26/2009
Assisted by: M. Mezzano, Sgt., #10584		Date: 5/26/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 6/11/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Largest = \$43,000
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: None in File

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not Obtained

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None
23. Is the original RSA signed and filed at Area?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: None in File
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: No Requests in File

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No Training Agreements
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEL, MAZEEL, extraordinary protective services, and special projects) within 5 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area Did Not Know This Was Required. Will Do In Future. <i>AS</i>
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
38. Are outstanding items being inspected and resolved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No PSD Requests
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEL/MAZEEL)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

INSPECTION PROGRAM

CHAPTER 8


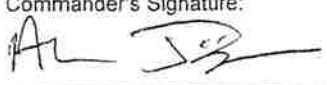
COMMAND REIMBURSABLE SERVICES

47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not Verified at Division
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in File
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None in File

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Garberville	Division: Northern	Number: 126
Evaluated by: Sgt. Mezzano		Date: 05/26/2009
Assisted by: Lt. J. Micheletti		Date: 05/26/2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature:  25	Date: 6/10/09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
2. What are these procedures? The command uses the CHP 735A form to track DUI cost recoveries. When a 202/555 report is completed if the incident meets the requirements for DUI cost recovery the court officer enters the appropriate data into the Area Information System, (AIS) it automatically populates the CHP 735A. The report is reviewed by a Sergeant and then forwarded to the Office Assistant, (OA). The OA reviews the CHP 735 and processes it for the Commanders signature and forward to Fiscal Management Section. The OA maintains a copy of the CHP 735A and checks case status on a weekly basis.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> A Blood Alcohol Content (BAC) under .08% A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: The CHP 735A is reviewed weekly. A search of the local court's database is conducted weekly to identify cases that have been closed. Upon notification, the CHP 735 is forwarded to FMS.

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CHAPTER 8

COMMAND DUI COST RECOVERY

<p>7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates?</p> <ul style="list-style-type: none"> The date of BAC results of $\geq .08\%$ were received The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following?</p> <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?</p>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
<p>13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?</p>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Officers were noting the violators name in the "Activity" section and highlighting the entry for easy identification. Policy was discussed and Area is changing their SOP to conform to policy.
<p>14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735?</p> <ul style="list-style-type: none"> Response Time On-Scene Investigation Follow-up Investigation Report Writing Vehicle Storage Call Back Field Sobriety Testing Transportation 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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CHAPTER 8

COMMAND DUI COST RECOVERY

<ul style="list-style-type: none"> • Booking • Chemical Testing • Traffic Control 				
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program?				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Headquarters function.
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Headquarters function.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Garberville	Division: Northern	Chapter: 126
Inspected by: Lt. Joe Micheletti		Date: 05/26/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: Three Hours expended.	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to:		
Due Date:			
Chapter Inspection: 8—DUI Cost Recovery and Reimbursable Services Contracts			
Inspector's Comments Regarding Innovative Practices:			

I met with the Garberville Area Commander Adam Jager regarding this inspection and He expressed genuine interest in the programs and any input we might have to make them better. Lieutenant Jager also assisted me in locating the necessary documents to be inspected.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

Garberville Area is currently following all policies and procedures outlined in HPM 11.1, chapter 6 and 20. Also as a result of this inspection, Area will be sending a copy of the Reimbursable Services Control Log to Division each month.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.



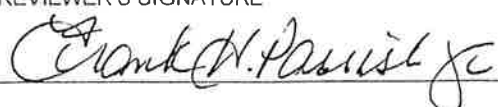
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Garberville	Division: Northern	Chapter: 126
Inspected by: Lt. Joe Micheletti		Date: 05/26/2009

Required Action
Corrective Action Plan/Timeline

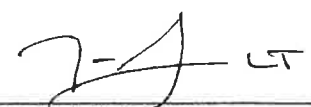
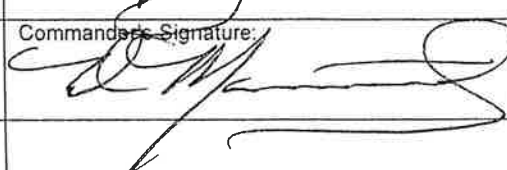
None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 6/10/09
	INSPECTOR'S SIGNATURE 	DATE 6/11/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Alturas	Division: Northern	Number: 170-02-09
Evaluated by: Lieutenant T. Garr		Date: 05/05/09
Assisted by: Sergeant L. Powell		Date: 05/05/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 8/12/09
For applicable policies, refer to HPM 11.1, Chapter 6.			

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Alturas Area has not entered into any reimbursable contracts within the time period inspected.
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Alturas Area has not entered into any reimbursable services contracts during the time period inspected.
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Alturas Area has not entered into any reimbursable services contracts during the time period inspected.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Alturas Area provides no departmental training to external agencies which would require a contractual agreement.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEP, MAZEEP, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Alturas Area has not provided contractual protective services.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The monthly overtime reports have not contained any reimbursable special project overtime within the time period inspected.

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

43. Are all corrections noted on the overtime report(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEP/MAZEEP)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: The Alturas Area has not had any reimbursable non-uniformed personnel hours within the past calendar year.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See above

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Alturas	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr		Date: 05/05/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____ <u>2</u> _____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____			
Chapter Inspection: CHAPTER 8, Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:
--

Inspector's Findings:

The Alturas Area has not had any reimbursable services contracts within the time period covered by this inspection. The Office Services Supervisor demonstrated a thorough knowledge with regard to departmental policy and procedure governing tracking and reporting reimbursable contracts overtime hours.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Alturas	Division: Northern	Chapter: 8
Inspected by: Lieutenant Todd Garr		Date: 05/05/09

Page 2

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action


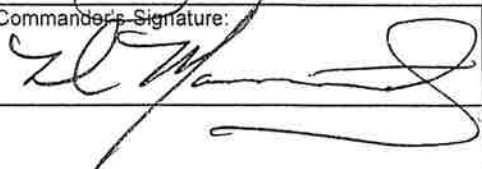
Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8/12/09
	INSPECTOR'S SIGNATURE 	DATE 8/12/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/2009

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND DUI COST RECOVERY

Command: Alturas	Division: Northern	Number: 170-02-09
Evaluated by: Lt. Todd Garr		Date: 05/05/09
Assisted by: Sgt. George Steffenson		Date: 05/05/09

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 			
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 8/12/09		
For applicable policies, refer to HPM 11.1, Chapter 20.					
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.					
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. What are these procedures? Upon a qualifying incident, field officers collect CHP 415s, <i>Daily Field Record</i> , pertaining to the activities of involved personnel and complete a CHP 735 for review by the shift sergeant. The CHP 735 package is then forwarded to the clerical staff where additional review is performed and/or placed in Area suspense awaiting conviction/toxicology results. The Area Commander has the final level of review at which time the CHP 735 is signed and forwarded to FMS.					
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: The Office Services Supervisor has been assigned this task.
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

1. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> • A Blood Alcohol Content (BAC) under .08% • A chemical test is positive for drugs only • There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> • The date of BAC results of $\geq .08\%$ were received • The date of BAC results of $\geq .04\%$ were received for a commercial driver 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> • The person arrested refused to provide a chemical test • The arrest was for drugs only • A BAC of $< .08\%$ was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Area has only one CHP 735 awaiting a conviction, pursuant to criteria in Section B, prior to submission to FMS.
5. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
8. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: One typographical error on a CHP 735 resulted in an undercharge of two hours from actual time worked.

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CHAPTER 8

COMMAND DUI COST RECOVERY

1. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
4. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
5. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? As noted above, #6, a 735A is utilized.				
8. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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COMMAND DUI COST RECOVERY

9. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
11. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No overpayments found.
12. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
13. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Alturas	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr, #13312		Date: 05/05/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: _____6_____ hours	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____		
Due Date: _____			
Chapter Inspection: CHAPTER 8: Command Reimbursable Services and DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

The inspection revealed that the Alturas Area's suspense system is functioning effectively. The inspection found no notable patterns of errors or omissions. The Alturas self-check system appears to identify errors or omissions prior to CHP 735 submission to FMS. The following, non-pattern forming errors, were identified. Alturas Area conducted a previous internal inspection of its CHP 735 process prior to this inspection. The Inspection team was informed of minor typographical errors and omissions which had been discovered by Area. Alturas Area had already conducted training, during Area training days, to refresh CHP 735 procedures and address deficiencies.

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COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Alturas	Division: Northern	Chapter: 8
Inspected by: Lieutenant T. Garr, #13312		Date: 05/05/2009

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Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8/12/09
	INSPECTOR'S SIGNATURE 	DATE 8/12/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/15/09

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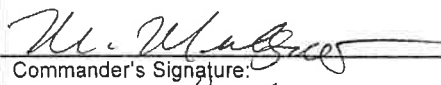

INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

Command: Red Bluff Area	Division: Northern	Number:
Evaluated by: Lt. M. Mulgrew		Date: May 26, 2009
Assisted by: Sgt. J. Gillespie Sgt. T. Poindexter		Date: May 26, 2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 	Date: 7-14-09
For applicable policies, refer to HPM 11.1, Chapter 20.			
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Does the command have sufficient procedures to ensure that a CHP 735, Incident Response Reimbursement Statement, is prepared for each arrest that meets the cost recovery criteria?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Area personnel are aware of criteria for alcohol related but drug only appears under represented (see #2).
2. What are these procedures? The A/I Review Officer and Court Officer determine if a CHP 735 needs to be completed, if the arresting officer had not already completed one. The Court Officer maintains the CHP 735 and conducts any follow up necessary, such as waiting for blood results to return and placing that information on the CHP 735. Once the CHP 735 is complete it is forwarded to the commander for signature and then to clerical for routing to FMS. Note: a random sampling of DUI (alcohol) arrests that met criteria (including response for a BOL) for DUI Cost Recovery did have a CHP 735 completed. A random sampling of Drug only arrests that met criteria for DUI Cost Recovery did not always have a CHP 735 associated with them.			
3. Does the command have a specific employee(s) assigned to process all CHP 735 forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Court Officer and Office Assistant.
4. If the answer to question 3 of this checklist is yes, is the responsibility of processing all CHP 735 forms listed in their job description or any other document?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A Remarks: Not identified in SOP or memorandum.

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COMMAND DUI COST RECOVERY

5. Are all CHP 735 forms forwarded to Fiscal Management Section (FMS) properly with completed criteria in either Section A or Section B of the form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
6. Does the command have a suspense system in place to facilitate notification of a conviction involving cases meeting the requirements of the Driving Under the Influence (DUI) Cost Recovery Program? This would involve cases where the following criteria applies: <ul style="list-style-type: none"> A Blood Alcohol Content (BAC) under .08% A chemical test is positive for drugs only There is no supporting BAC test of drug test (i.e., a refusal) 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
7. Are CHP 735 forms completed based on the criteria of Section A of the form being forwarded to FMS within ten business days from one of the following dates? <ul style="list-style-type: none"> The date of BAC results of =.08% were received The date of BAC results of =.04% were received for a commercial driver 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Not all samples were within 10 days. 40% were outside the 10 day limit and they averaged: 19 days.
8. Are CHP 735 forms completed based on the criteria of Section B of the form being forwarded to FMS within ten business days from being notified of a conviction of California Vehicle Sections 23152 or 23153, or greater offence as a result of one of the following? <ul style="list-style-type: none"> The person arrested refused to provide a chemical test The arrest was for drugs only A BAC of < .08% was obtained 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
9. Is the Itemized Staff Hours section of the CHP 735 completed as required in Highway Patrol Manual 11.1, Administrative Procedures Manual, and includes hours for all employees assigned to the incident?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
10. If the person arrested is transient, is the case being entered into the CHP 735A, Case Log-DUI Cost Recovery Program, without forwarding the CHP 735 to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No transients or 735A.
11. Are staff hours involved in the incident recorded on the CHP 735 to the nearest ten minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
12. Do the total number of staff hours charged on the CHP 735 agree with the appropriate CHP 415, Daily Field Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: a few CHP 735s had fewer hours than could be charged. No 735 had more hours than accounted for on CHP 415.

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CHAPTER 8

COMMAND DUI COST RECOVERY

13. Does the Notes portion of the CHP 415 indicate the billable DUI time when the CHP 415 includes more than one activity?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: No billable times in the Notes section.
14. Are the staff hours incurred by members of the Department for the following activities associated with an incident meeting the criteria for DUI cost recovery included in the CHP 735? <ul style="list-style-type: none"> • Response Time • On-Scene Investigation • Follow-up Investigation • Report Writing • Vehicle Storage • Call Back • Field Sobriety Testing • Transportation • Booking • Chemical Testing • Traffic Control 	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
15. Are the staff hours for officers-in-charge, sergeants, lieutenants, or captains listed on the CHP 735 for time spent performing the activities listed in question 12 of this checklist and not exclusively supervisory tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: None were listed in inspected items.
16. Is the current hourly rate for reimbursement, sent out to all commands via Comm-Net from FMS, being used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 735 being retained at the command and filed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
18. Is the command utilizing the, optional, CHP 735A to track cases qualifying for the DUI Cost Recovery Program?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: This form is not utilized.
19. In the absence of a CHP 735A, how is the command tracking the DUI Cost Recovery Program? The Area's Court Officer utilizes a suspense system to track open cases – those waiting for blood results or adjudication. All other CHP 735s are completed and processed.				
20. Are commands using a case monitoring system to track cases qualifying for the DUI Cost Recovery Program including the following information in the monitoring system? <ul style="list-style-type: none"> • Defendant Information • Violation Information • Court Information • FMS Information • BAC test results 	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Although the Court Officer tracks open cases through a suspense system, there is no one monitoring system tracking the information listed here.

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INSPECTION PROGRAM

CHAPTER 8

COMMAND DUI COST RECOVERY

21. Are cases not resulting in a conviction within 12 months after submission to the District Attorney closed out after court verification of case status?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: No cases over 12 months.
22. Do closed out cases on the monitoring system have a line drawn through the Conviction Date and Date to FMS as well as the reason the case was closed and date of last follow-up check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No monitoring system, just suspense system of open cases.
23. Are refunds or overpayments, as a result of erroneous charges, in an amount of = \$5.00 being processed by the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No refunds
24. Is the command reviewing the quarterly reports sent by FMS related to the submission of CHP 735 forms and case status identifying any deficiencies in the submission and accountability of the DUI Cost Recovery Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Question 25 pertains to Fiscal Management Section.				
25. Is FMS reviewing the CHP 735 forms for completeness of information and returning deficient forms to the issuing command for corrections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

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Command: Red Bluff Area	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 26, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 4.0	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: Chapter 8, DUI Cost Recovery			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:

N/A

Inspector's Findings:

Overall, the Red Bluff Area has a sound DUI Cost Recovery Program – personnel are aware of the program and its criteria for use. A random sampling of DUI (alcohol) cases indicated that the Area has a clear understanding of the DUI Cost Recovery process, as each case that had CHP 735 indicators did have a CHP 735 associated with it. Random samplings of drug only arrests did not result in a similar conclusion. The inspection team pulled a variety of drug only arrests and those that met CHP 735 criteria did not have a CHP 735 associated with it. The samplings of the Area's DUI Cost Recovery forms only resulted in one drug only arrest, which would appear to be an under representation of such cases.

The Area's Court Officer and Accident Review Officer are responsible for review and processing of CHP 735s, but this responsibility is not listed in anyone's job description. Although Area was close to meeting the 10 day requirement to forward CHP 735s to FMS, there is room for improvement. The Area commander is aware of the requirement and regularly reviews the reports from FMS, identifying their average processing time.

Area does not utilize the CHP 735A as a tracking or monitoring system. The court Officer tracks open cases through a simple suspense system but there is no monitoring system in place. Additionally, as is similar to other Area commands, the Notes section of the CHP 415 is not being used to list required information.

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DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Red Bluff Area	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 26, 2009

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

The commander acknowledged the four issues noted under the Inspector's Findings heading and will take appropriate action to correct noted deficiencies.

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

The following corrective action steps have been taken subsequent to the Chapter 8 inspection.


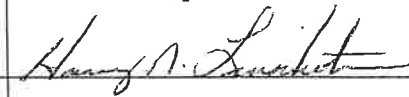
- 1) A briefing item was prepared and briefed requiring the completion of the CHP 735 for drug only arrests when the requisite criteria are met. Additionally, personnel were instructed to record the name of the defendant on page one of the CHP 415.
- 2) The special duty job description contained in the Area SOP has been updated to include the review and processing of CHP 735s.
- 3) The special duty officer has improved the suspense system which should reduce the average time it takes to process a CHP 735.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8-24-09
	INSPECTOR'S SIGNATURE 	DATE 8/24/09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 8/25/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: Red Bluff	Division: Northern	Number:
Evaluated by: Lt. M. Mulgrew		Date: May 26, 2009
Assisted by: Sgt. J. Gillespie Sgt. T. Poindexter		Date: May 26, 2009

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature: 	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 
For applicable policies, refer to HPM 11.1, Chapter 6.		Date: 7-14-09	
Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.			
1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Red Bluff Area did not have any reimbursable services contracts.
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Red Bluff Area did not have any reimbursable services contracts.
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Red Bluff Area did not have any reimbursable services contracts.
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Red Bluff Area did not have any reimbursable services contracts.
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Red Bluff Area did not have any reimbursable services contracts. This is applicable to Cozeep, but did not occur in inspection time period.
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Red Bluff Area did not have any reimbursable services contracts. This is applicable to Cozeep, but did not occur in inspection time period.
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Red Bluff Area did not have any reimbursable services contracts.
8. Are written requests for specific services directed to the appropriate command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Although Area has none, they are aware of policy.
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A Remarks: Although Area has none, they are aware of policy.

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11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area is aware, but no occurrence in inspection sampling period.
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Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
25. Is the indemnification clause included in the agreement when requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Not requested.
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.

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27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: See #10.
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No required occurrence.
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: If they are requested.
30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No statewide agreements.
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No occurrence.
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No training agreements.
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEED, MAZEED, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No training agreements.
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No training agreements.
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No training agreements.
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No training agreements.
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No training agreements.
38. Are outstanding items being inspected and resolved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No training agreements.
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such service provided.
40. Is a reimbursable special project code obtained on every contractual service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Red Bluff Area did not have any reimbursable services contracts.
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Cozeep/Mazeep
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:

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code has been used?				
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEED/MAZEED)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
47. Are all COZEED/MAZEED reports forwarded to Division by the 15 th of the month?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
48. Are all COZEED/MAZEED reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Division responsibility.
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No nonuniformed reimbursable overtime.
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: No such occurrence.
51. Are all payments made directly to FMS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: All services were paid directly to FMS except for Fairground services. Payment was forwarded to FMS.
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks: Area is aware of policy but no such occurrence in inspection sampling.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

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Command: Red Bluff Area	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 26, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input checked="" type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 1.0	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Due Date:		
Chapter Inspection: Chapter 8, Reimbursable Services			
Inspector's Comments Regarding Innovative Practices:			

N/A

Command Suggestions for Statewide Improvement:
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N/A

Inspector's Findings:

The Red Bluff Area did not have any reimbursable services contract to audit, however, it did have Cozeep/Mazeep services which were audited. The inspection found the Area to be within policy and personnel were aware of policy requirements if they do encounter a request for a reimbursable service contract.

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EXCEPTIONS DOCUMENT

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Command: Red Bluff Area	Division: Northern	Chapter: 8
Inspected by: Lt. M. Mulgrew		Date: May 26, 2009




Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

None.

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8-24-09
	INSPECTOR'S SIGNATURE 	DATE 8/20/09
<input type="checkbox"/> Reviewer discussed this report with employee <input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE 	DATE 8/25/09